

**APPEAL TRANSMITTAL SHEET**

Case Number: 01-01139

BK ☒ AP ☐

If AP, related BK case number:

**Title of Order Appealed:** Order Enforcing Plan and Confirmation Order Against Internal Revenue Service

**Docket #:** 32955

**Date Entered:** 10/23/17

Item Transmitted:

<input checked="" type="checkbox"/>	<b>Notice of Appeal</b>	<b>Docket #:</b> 32970	<b>Date Filed:</b> 11/2/17
<input type="checkbox"/>	<b>Amended Notice of Appeal</b>	<b>Docket #:</b>	<b>Date Filed:</b>
<input type="checkbox"/>	<b>Cross Appeal</b>	<b>Docket #:</b>	<b>Date Filed:</b>
<input type="checkbox"/>	<b>Motion for Leave to Appeal</b>	<b>Docket #:</b>	<b>Date Filed:</b>
<input type="checkbox"/>	<b>Request for Certification of Direct Appeal</b>	<b>Docket #:</b>	<b>Date Filed:</b>

**Appellant/Cross Appellant:**

**Appellee/Cross Appellee**

United States of America  
on behalf of the  
Internal Revenue Service

W.R. Grace & Co. et al

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<b>Filing fee paid?</b>	Yes <input type="radio"/>	No <input checked="" type="radio"/>
<b>IFP application filed by applicant?</b>	Yes <input type="radio"/>	No <input checked="" type="radio"/>
<b>Have additional appeals of the same order been filed?</b>	Yes <input type="radio"/>	No <input checked="" type="radio"/>
<b>*If Yes, has District Court assigned a Civil Action Number?</b>	Yes <input type="radio"/>	No <input checked="" type="radio"/>
<b>Civil Action Number:</b>		

(continued on next page)

**Date:** 11/6/17 **by:** Sara Hughes  
**Deputy Clerk**

Bankruptcy Court Appeal (BAP) Number: 17-43